

AFFIDAVIT OF INACTIVE STATUS

Last Name (Please print)

First Name

Middle Initial

Indiana Attorney #

After having first been duly sworn upon my oath, I depose and say that:

1. I am duly admitted to practice before the Indiana Supreme Court.
2. I am not engaged in the practice of law in Indiana in any manner.
3. I do not hold judicial office in the State of Indiana.
4. I understand that my bar status established by this affidavit will remain effective until I initiate a change through Clerk of the Supreme Court.

CHOOSE AN APPLICABLE CATEGORY:

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INACTIVE GOOD STANDING AFFIDAVIT

- A. I wish to place or retain my Indiana law license in inactive status. I am currently in active or inactive good standing.
- B. I acknowledge that by claiming Inactive Good Standing status, I will be responsible for paying a reduced annual registration fee in the amount set forth in Admis.Disc.R. 23(21)(b).
- C. I understand that I have an obligation to notify the Clerk of the Supreme Court of any change of name or address within thirty (30) days of such change as required by Admis.Disc.R. 2.

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RETIREMENT AFFIDAVIT

- A. At the time of executing this affidavit, my Indiana law license is in either active or inactive good standing.
- B. I am sixty-five (65) years of age or older.
- C. I understand that by claiming Retired Inactive status, I am exempt from the payment of any annual registration fee, and until I take steps to change my bar status to active or inactive good standing, I will not receive an annual registration fee notice from the Clerk of the Supreme Court.

VERIFICATION

I SWEAR OR AFFIRM, UNDER PENALTIES FOR PERJURY, THAT THE FOREGOING STATEMENTS ARE TRUE.

DATE: _____

Signature

Typed or printed business address

Typed or printed residential address